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Commissioner for Patents	Scott H. Kaliko, Esq.
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United States Patent & Trademark Office	11 12 07
RECIPIENT'S FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
571-273-8300	34
RECIPIENT'S TELEPHONE NUMBER:	CLIENT / MATTER:
RE:	YOUR REFERENCE NUMBER:
Application No. 10/603,285	Attorney Docket No. MES 002 CAN II

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

- PLEASE CONFIRM RECEIPT OF
- 1) REPLY TO OFFICE ACTION (23 PAGES)
 - 2) TRANSMITTAL FORMS (2 PAGES)
 - 3) IDS (4 PAGES)
 - 4) FORM 1449 (1 PAGE)
 - 5) CANADIAN OFFICE ACTION (2 PAGES)
 - 4) PTO CREDIT CARD FORM (1 PAGE)

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PTO/SB/21 (11-07)

Approved for use through 11/30/2007. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/603,285	RECEIVED CENTRAL FAX CENTER NOV 13 2007
	Filing Date	8/11/04	
	First Named Inventor	SHAWHAN	
	Art Unit	2618	
	Examiner Name	T. NGUYEN	
Total Number of Pages In This Submission	Attorney Docket Number	MES/002 CON II	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	KALIKO YEAGER	
Signature		
Printed name	SCOTT KALIKO	
Date	11/12/07	Reg. No. 45,786

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	SCOTT KALIKO	Date 11/12/07

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PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0851-0032

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2008☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$) **705.00****Complete if Known**

Application Number	10/603,285
Filing Date	8/11/04
First Named Inventor	SHAWHAN
Examiner Name	2618
Art Unit	T. NGUYEN
Attorney Docket No.	MES/002 CON II

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METHOD OF PAYMENT (check all that apply)
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP = _____ x _____ = _____	
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = _____ x _____ = _____	
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HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)Non-English Specification, \$130 fee (no small entity discount) **3 Mo EXTENSION** **CFR 1.17(a)(3)** **Fees Paid (\$)**Other (e.g., late filing surcharge): **IDS FEE CFR 1.17P** **525.00****190.00****SUBMITTED BY**

Signature	Registration No. (Attorney/Agent) 45,786	Telephone
Name (Print/Type) SCOTT KALIKO		Date

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